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ABSTRACT

Based on the experiences and design of a model demonstration program, the guide describes basic considerations in developing services for mildly and moderately developmentally handicapped young children in a mainstreamed, multicultural/bilingual day care setting. Un Bien Comienzo (UBC), a program developed to respond to the needs of Spanish speaking parents with young, developmentally delayed children, is part of Rosemount Center (Washington, D.C.), a bilingual, multicultural day care center for children 6 weeks to 5 years of age. Both assessment and intervention services are bilingual. Intervention by specialists is provided on-site at the day care center when parents cannot leave work to take their children for treatment. Chapter 1 of the manual discusses initial steps in program development, including such topics as needs assessment, funding, setting program goals, and recruitment and advertising. The second chapter describes UBC assessment and intervention procedures, while Chapter 3 focuses on staffing considerations. Staff development and elements of a parent program are discussed in Chapters 4 and 5, respectively. A final chapter is devoted to the ongoing evaluation process and procedures developed by UBC. Sample forms and questionnaires are included in the appendices. (JW)

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A Multicultural/Bilingual Mainstreaming Day Care Program for Young Children with Mild to Moderate Disabilities

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Introduction

In 1984, Un Buen Comienzo (A Good Beginning) was awarded a three year grant from the Department of Education in order to develop a model demonstration program which offered special services to mildly and moderately handicapped children (6 weeks to 4 years) within their day care settings. Several features made this program unique. These features responded to the needs of the multicultural community, working parents, and in particular to the Spanish speaking parents who had young children with disabilities.

Un Buen Comienzo (UBC) is part of Rosemount Center which has been providing day care services to the Washington, D.C. area since 1972. The Rosemount Center is a bilingual, multicultural day care center for children 6 weeks to 5 years. Its goal has always been to meet the needs of families and children in the community.

Several years ago, the Rosemount Center identified an essential need in the community that was not being met adequately. A rapidly growing number of working parents with young children needing special services were not receiving necessary early intervention and support. Many of the existing programs serving the needs

of children and families were for families where there was at least one non-working parent. With the increasing number of working parents, it was crucial that day care be available for children with special needs and that the special services be offered at their day care site. To begin meeting this need, Un Buen Comienzo was created.

What does the program offer?

The Un Buen Comienzo (UBC) Program at the Rosemount Center provides bilingual special education services for infants at risk and young children with mild to moderate disabilities in day care. All children in the program have parents who work.

Bilingual services provided by the UBC team include:

- o assessing children who have suspected developmental delays;
- o providing intervention services to children in order to strengthen the area of developmental delays; and
- o training and support for parents, teachers, and family home providers.

Several features of the UBC Program make the program unique. They are:

- o assessments, services and training presented in Spanish and/or English;
- o interventions given by the specialists at the day

care site because working parents cannot leave their jobs to take their children for treatment;

- bilingual program of intervention services for infants and young children with mild to moderate disabilities.

The UBC multidisciplinary team includes a Project Director, Infant Special Educator, Speech and Language Pathologist, and Occupational Therapist.

What is the purpose of this manual?

The experience and knowledge gained from this demonstration model program is the inspiration for this manual. It describes the basic ingredients in developing such a program, including:

- Laying the ground work
- Services to children
- Staffing
- Staff development
- Services to parents
- Keeping the program going

To whom is this manual directed?

This manual is intended for administrators and heads of day care agencies who are interested in starting a bilingual/multicultural mainstreaming program. It

provides the reader with considerations for setting up such a program.

Any program is as good as those who administer and implement it. Success depends on their flexibility and adaptability. There are many variables to consider in developing such a program. All day care environments and day care organizations have certain qualities unique only to them. A program like the Un Buen Comienzo model can succeed if the existing day care program has strong foundations and if those individuals involved in planning and implementing it have an understanding of both day care and special education.

This manual should serve you as a guide in adapting a bilingual/multicultural mainstreaming program to suit the individual needs of your organization and unique needs of your families. It does not attempt to answer all questions, but does intend to steer you in the right direction.

Chapter 1

Laying the Ground Work

Introduction

A bilingual/multicultural mainstreaming program is a valuable commitment whose success depends on in-depth planning and a clear understanding of the reality of day care and the basic qualities of special education. A program such as this can be jeopardized if implemented too quickly without the necessary analysis of the needs of the environment and the needs of those being served. Clear and focused goals and well-defined responsibilities are crucial to the success of such a program. Too often programs fail when they are implemented too quickly and/or the goals are unrealistic and unclear. In order for such a program to work, a great deal of planning must take place. The following are some ingredients that are of utmost importance in laying a strong foundation for the success of a bilingual/mainstreaming program in day care.

Assessing the Needs

Before attempting a new program, the first step is that of investigating the needs of the community and the already existing services. In-depth and accurate examination is crucial to planning a successful program. Through Rosemount's research it was found that just in the

Washington, D.C. area alone, there was an increasing amount of children who were developmentally delayed and unserved. To add to that information was the fact that there was an increase in the Hispanic/Spanish-speaking population. There were few bilingual services so that this population was not receiving the services they needed. Many existing programs were serving the needs of children who had at least one family member not working. Through our investigation it became clear that there was an important need not being met. By becoming familiar with the services already provided and with the obvious needs not being met, we were able to justify this type of mainstreaming program.

While investigating and designing the program we continuously asked the following questions:

- What population needed the services?
- What type of intervention program was needed for these children and families?
- What were the necessary components of such a program?
- Could the program address the needs of
  -bilingual/multicultural children and their families?
  -working parents?
  -day care providers?
  -the community?

The answers to these questions helped us plan the most appropriate type of services necessary.

Funding

When considering the funding of such a program there are two basic elements to think about. One factor is the development of a realistic budget taking into consideration all the aspects of such a program. The second element is securing funds to initiate and continue the program.

There are a variety of funding sources available. In-depth research is recommended to find those possibilities available to you in your area. Sources can include federal, state, and county government agencies, foundations, as well as private businesses and community service organizations.

In the case of Un Buen Comienzo, we were able to develop and implement the program through a three year federal grant. The grant was large enough to provide funds for three years to supply us with the salaries of the UBC staff, materials, equipment, as well as necessary consultations. It should be noted that UBC was fortunate to be part of the Rosemount Center, a sound financial organization, and was able to use the facility and resources in addition to the funds from the grant.

It is advisable to look into the future and plan ahead your sources of funding to ensure the continuation of the program. Begin your search at least a year to two years ahead of time. Un Buen Comienzo has managed

to secure funds to maintain the program for another year through funds by private foundations. The process is a time consuming and continuous one. Clearly, a program's existence depends on the success of fundraising efforts.

Designing the Program

The successful development of a mainstreaming program entails a great deal of in-depth planning. The philosophy and goals of the program must be clear, focused and understood by all implementing it. The first step is defining the philosophy upon which the program is built. That philosophy is the foundation of the program and shapes the goals and direction the program will pursue.

Defining the program's philosophy

The basic philosophy of Un Buen Comienzo is an individualized approach towards both family and child. It is based upon the Rosemount philosophy to provide quality child care which will foster the emotional, physical, cognitive, and social development of children. It is committed to serve the interests of families of diverse backgrounds. The overall philosophy is to help these children grow to their fullest potential and to assist parents and providers in helping these children

toward that direction. It is a philosophy based upon respecting the needs of the children and their families.

Setting program goals

For any program to be effective it must have goals that are clear, focused and realistic. When deciding upon your goals you should ask yourself:

- Can these goals be attained successfully
- in my particular day care environment,
- with the designated staff,
- with the guaranteed funds,
- in this specific amount of time?

On occasion, programs try to accomplish too much in too little time. When goals can't be met, a program has been set up to fail. Remember to set realistic goals beginning on a small scale. This will enable you to have a promising experience and program which you can expand based upon a positive and effective model.

The following are goals on which the Un Buen Comienzo program is based. These goals have directed us throughout the model program's existence. The main goals are:

- To provide services to children (with mild to moderate disabilities) of working parents.
- To provide those services in the child's day care setting.

- To provide bilingual assessments for early identification of developmental delays and areas of weakness in the child's development.
- To provide bilingual interventions that are individually designed by the specialists.
- To provide training and support to both parents and providers of these children.

These goals have remained the same throughout the program's existence. The changes that have occurred during the three years primarily concerned the methods and procedures for implementing these goals.

Preparing Staff

When beginning any new program it is not unusual to encounter resistance. Thoughts of change can sometimes cause fears, especially if it is something unfamiliar. Therefore, it is important before beginning a program such as this to prepare the staff for the program's introduction. Day care providers have exhausting and demanding work. When they hear of having a child with special needs in their class or home, they may think it will entail a great deal of their time and effort. They may fear that they do not have abilities to help a child with disabilities. Orientation to staff will help dispel some of these misgivings and will allow them to be involved in the program's development from the beginning. There should be an "internal support" system developed

so that the staff can communicate their fears openly and receive the necessary support.

For the mainstreaming program to flow smoothly, one needs to have commitment and support from both the administration and day care providers. To do so, expectations as well as roles and responsibilities need to be discussed at the onset of the program. These considerations will aid in the acceptance and support of the program.

Preparing Parents

The same is equally true for parents of children in the day care setting. They will have their own doubts and fears as to how the mainstreaming program will affect their child. Opportunities for them to learn about the program and to voice their opinions is equally important. Their support is valuable to the degree of the program's success.

Space and Equipment

A mainstreaming program will need certain spaces and equipment to function effectively. Program staff will need adequate areas for therapies, meetings, offices and

for storing equipment and supplies. The spaces for individualized interventions and assessments need to be in quiet and non-distractable areas, designated solely for the purpose of these services. Plan these spaces well so that there is no conflict of interest in the use of space. By doing so, you will avoid possible friction between staff.

In the case of UBC, the program was able to use spaces and various equipment already available since the program was housed in the Rosemount Center. Additional equipment was purchased at the program's onset. A list of materials and equipment purchased is available in Appendix A.

Recruitment and advertising your program

Information about the program needs to reach the community in order to begin the ground work for recruitment. Agencies and organizations throughout the area need to know about your program in order that they can refer potential clients. This is a starting point in building a positive reputation as a valuable service to the community. You can begin by using the contacts that you already have developed and that have professional respect for your organization. In your analysis and visits to

existing services, you already made some valuable contacts. It is suggested that you visit other various institutions to present your program and expand the network that already exists.

You can also distribute written information throughout the community by letters and flyers. Direct them to public and private health care agencies, social service agencies, day care and special service organizations, as well as clinics, hospitals and pertinent local government agencies. Use the media as another tool. Later, as the program develops, and if financially possible, develop a brochure covering the highlights of your program. All of these measures will help sell your program to the community and will enable you to begin a successful recruitment system.

Be extremely careful of the information you disseminate. Make sure that your information is clear and describes your program accurately so that the expectations of those referring and needing the services are realistic and correct.

UBC did as described above, developing a network of contacts through personal visits to individual and service agencies through letters and through representation at seminars, conventions and workshops in the field.

Letters were sent out to agencies in the area that could potentially refer clients. We found that it was important that we stress the day care aspect of the program as well as the services provided by Un Buen Comienzo, so as to clarify that this program's ultimate goal was offering children services while in a day care setting.

We produced a brochure in the latter part of the first year of the program. It is a costly endeavor and we learned that the program should be well underway so that the brochure reflects accurately all that our program offered.

Conclusion

Enumerated have been certain aspects of preparing for a multicultural/bilingual program in day care. The in-depth assessment of the population to be served and of services available in your area will contribute to a more effective program. Preparing your staff and families and gaining their support and commitment will ensure a more positive outcome in the long-term development of your program. For that commitment and support to exist, the program's philosophy and goals must be realistic, clear and understood by those implementing the program. For the program to exist and to continue calls for long-

term financial planning in order to develop the program adequately and to carry it forward. Remember to set the program up for success by beginning with a model whose goals can realistically be met and that through its achievement can be expanded at a later date.

Chapter 2

Services to Children

Introduction

Services provided by the UBC team for the children in the program include two major components, that of assessment (early identification) and on-site intervention. These two major elements will be the focus of this chapter.

We start our chapter with an example of a child going through the process. This vignette will aid you in visualizing how the UBC model works.

How the UBC Model Works: Maria's Experience

Maria was enrolled in Rosemount when she was 2 years old. Her parents were from Nicaragua and did not speak English. From the beginning, the staff had been concerned about her language ability in her primary language - Spanish. Her teacher, a Spanish speaker herself, had observed Maria over several months and was concerned. She shared her thoughts with the UBC staff. They decided that Maria should be observed by a UBC staff member in order to verify if there was cause for concern and if she would benefit from an in-depth evaluation. The teacher, meanwhile, spoke with the parents, shared her concern and obtained written permission (see Appendix B for example of form) for UBC to observe Maria. The

special educator observed Maria in her classroom and decided that Maria should be evaluated by the UBC staff. A date was set for the evaluation. The teacher spoke with the parents and told them of the evaluation date. The parents were asked to come on that day in order to answer questions concerning her developmental and medical history (see Appendix B for example of forms). Maria was evaluated and it was found that Maria had a language delay and that she would benefit from speech therapy offered by Un Buen Comienzo. An evaluation report was written and a case manager was chosen for Maria. The speech therapist was designated the case manager, and she contacted the parents in order to meet with them. In the first meeting, the speech therapist explained the program, the results of the evaluation, and the following steps to be taken. The parents decided that, yes, they wanted Maria to receive therapy from UBC. A contract was signed (see Appendix B for contract) by both parent and therapist and Maria was accepted into the UBC program. After the assessment period, the family met with the speech therapist and Maria's teacher in order to discuss a plan for Maria (Individual Service Plan). Goals were set for Maria based upon her strengths and weaknesses. Her parents as well as the therapist and teacher were able to agree upon what they felt Maria needed.

Thus Maria began her treatment with the therapist. The treatment plan was encouraged by teacher and parents. She receives speech therapy twice a week. Her language skills have improved greatly since her introduction into the program.

Description of Population Served

The UBC program was developed to serve special needs of children of working parents from diverse backgrounds, with a focus on Hispanic children with mild to moderate handicapping conditions. Children served have included those with: orthopedic problems (i.e. cerebral palsy); language delays; health impairments (i.e. hydrocephalus and impairments due to meningitis); perceptual sensory impairments; behavior problems, prematurity "at risk" problems; and overall developmental delays.

The Assessment Process

The UBC assessment procedure encompasses observation, monitoring concerns, screening and developmental evaluations (See chart on page). These services are available in Spanish and/or English.

1. Initial Observations are conducted on-site by the Special Educator. Children are eligible for this observation upon a referral.

2. Monitored Concern - a child who has not shown an apparent delay to the Special Educator, but presents a real concern to the caregivers is monitored by the Special Educator who keeps in touch with the providers. Within a three month period a decision is made about the status of the concern.

3. Non-apparent Concern - if after observation and/or screening, there are no visible or obvious causes of concern, no further action is taken. This judgement does not have to be considered a final decision. It may be reviewed at any time upon request.

4. Screening - after an initial observation and upon recommendation by the Special Educator, a screening is conducted by UBC staff specialists. The screening procedure includes the use of a criterion reference (Standardized) screening instrument conducted in the child's dominant language. The four development areas to be assessed are: fine/gross motor, social/personal/adaptive, language and cognitive.

5. UBC Observation Program - when the screening results show a minor (slight) delay in only one area, it is handled by the caregiver/parent with the UBC specialist assistance.

   This child management and observation period provides simple and suitable suggestions and techniques to the caregiver/parent by the specialist. If no positive changes have taken place, a Developmental Evaluation is given to the child by the UBC staff.

6. Developmental Evaluation - this evaluation is conducted by UBC team if significant developmental delay is found in one or more areas according to the screening or initial observation.

   The objectives are:

   1. To assess in-depth the area of development.

   2. To identify the developmental delays and strengths.

   3. To provide recommendations for placement and further outside evaluations (if needed).

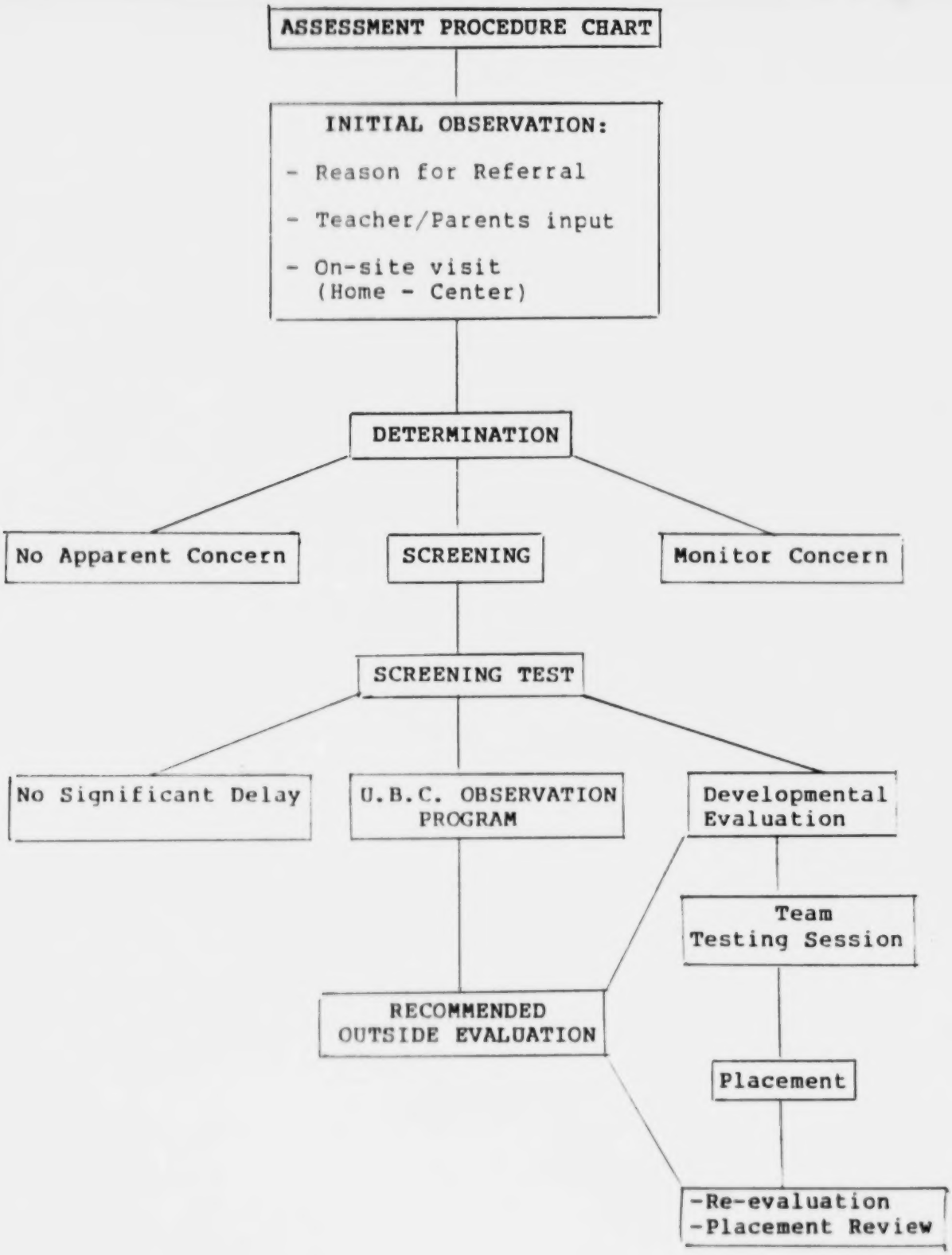
   4. To collect relevant data about the delayed area in order to develop the ISP (Individualized Service Program).

7. No Significant Delay - according to the screening results there is no significant delay and no further action is taken. However, the child might be re-assessed if needed at a later date.

8. Placement in the UBC Program - if the child meets the UBC Program eligibility criteria and can be accommodated into the Program, she/he will be serviced.

9. Placement Review - periodic placement review is conducted by the UBC staff for those children receiving direct services. If the staff decides that the current placement does not meet the needs of the child, alternatives or discontinuation of the services are suggested.

10. Recommended Outside Evaluation - if during the assessment intervention or placement review it appears that a clinical evaluation is necessary, specialists such as a neurologist and/or psychologist, etc., are considered.


ASSESSMENT PROCEDURE CHART
INITIAL OBSERVATION:
- Reason for Referral
- Teacher/Parents input
- On-site visit (Home - Center)
DETERMINATION
No Apparent Concern
SCREENING
Monitor Concern
SCREENING TEST
No Significant Delay
U.B.C. OBSERVATION PROGRAM
Developmental Evaluation
Team Testing Session
RECOMMENDED OUTSIDE EVALUATION
Placement
-Re-evaluation
-Placement Review

Individual Service Plan

Once the assessment process has been completed it is followed with an Individual Service Plan (ISP) conference. This meeting is attended by the specialists serving the child, the teacher and the parents. The team of specialists report their assessment results. The parents' questions are addressed and the goals for the child are concluded. The goals and objectives are written up and thus the ISP is created.

Interventions

UBC interventions begin after the child has been assessed and accepted into the program. The goal of the intervention is to improve the child's performance according to the objectives as described in the ISP. The interventions are always offered at the child's day care site. Usually, the child is taken to a separate room or area for the intervention, but the specialist may work with the child in a group situation and "model" an interaction pattern, which helps the provider develop appropriate techniques to use with the peer group.

Each specialist designs an individual program plan for the child based on the goals agreed upon by the

parents and providers at the Individual Service Plan (ISP) meeting. Intervention strategies are then adapted in order to master a specific set of skills. The intervention strategy includes the content or what is taught, the goal or what is to be mastered, and the method or how it will be taught. Once the skill is mastered during the intervention sessions, the specialist follows up to insure that the mastered skill has been incorporated into the child's everyday usage.

Depending upon the child's delays, he may be seen by one or all of the specialists once or twice a week. While one child may be seen only once a week with one specialist, another child may see three specialists two times a week and use up six slots of specialists' time. Occasionally a group of two or three children receive intervention services together.

All of the adaptive equipment and materials needed by the specialists during the intervention sessions are provided by the program.

Chapter III

Staffing Considerations

Introduction

For a mainstreaming program to be effective and to run smoothly requires those involved to work closely. Duties and responsibilities must be well defined, teamwork should be well coordinated, and an effective support system established. Both day care staff and program staff should be considered.

Presented in this chapter are some points to remember when hiring program staff. Their roles and responsibilities are described as well. Preferred qualities of day care staff has also been included.

Factors to Consider When Hiring Program Staff

When interviewing a potential candidate for a program staff position, consider the following abilities:

- Does this person have a realistic understanding of the day care environment?
- Is this person aware of and sensitive to cultural differences?
- Can this person work as part of a team?
- Is this person bilingual, and if not, will it affect their effectiveness in serving the children and families?

Not only do the specialists need the appropriate

skills and training in their field, but they should have realistic expectations of working in a day care environment. This will greatly affect their interactions with both staff and parents.

Through our experiences it was found that some of the specialists having come from medical/special education backgrounds had expectations based on a medical model rather than a day care model of services. Their perceptions, therefore, sometimes came in conflict with the day care needs. To avoid this problem the program staff should have some understanding of day care and/or show flexibility in adapting to a day care environment.

Also affecting the program staffs' relationships with parents, staff and children is a sensitivity to and a confidence in working with people from different cultures, educational backgrounds, and socio-economic levels. In a program such as this, one will find a variety of peoples, needs and expectations. To ensure positive interactions, the program staff must have an ability to understand these differences.

One's expectations will vary according to the individual (staff member, parent and child). In a multicultural day care setting, parents as well as day

care staff will have different levels of education and may come from diverse environments and cultures, therefore, their needs will vary. For example, a parent may not be able to read or speak English, while another parent may have a more complete educational background. One parent may have high expectations of your work with their child, while another parent may not have any idea of what to expect. Some parents may be more cooperative than others. These are working parents with different priorities and with different degrees of involvement. A specialist hired should have some understanding of these differences.

An understanding of culture and language also affects the specialist's work with the child in terms of accurate evaluations and effective therapy. The child's home environment should always be considered.

The ability to speak both Spanish and English is needed for working in a bilingual (Spanish/English) environment. Bilingual specialists are not abundant and for that reason your search for bilingual specialists may be difficult.

Mainstreaming asks for well coordinated team work. A specialist will be required to work closely with day

care staff, program staff as well as the parents to ensure that the children receive the proper program follow through. Therefore, a specialist should have those skills necessary for working closely with others.

Since the success of the program depends greatly on the talents of the program staff, it is recommended that you allow time for a thorough personnel search.

Before hiring make sure that the roles and responsibilities are well defined. Unclear responsibilities and expectations will hinder the effectiveness of your staff.

In the interviews, ensure that the applicants have a clear understanding of the program's philosophy and their potential roles and responsibilities. These considerations will increase your possibilities for successful hiring.

Program Staffing Positions

The UBC program staff positions include:

- Project Director
- Infant Special Educator
- Occupational Therapist

- Speech and Language Pathologist

Project Director

The Project Director coordinates and supervises all aspects of the program. She/he serves as a liaison with day care centers and family day care administrators, referral agencies and licensing regulating agencies. The individual is responsible for coordinating the hiring of program staff. Among other duties are fundraising and coordination of the staff training program.

The Project Director should be hired early in the development of the project. She/he should have both day care and special education backgrounds. With a day care background the Project Director will have an understanding of the needs of day care workers, administrators and working parents. With a special education background the person will be able to more appropriately supervise and guide the specialists as well as be more understanding of the needs and concerns of parents with special needs children.

It is also recommended that the Project Director be bilingual in order to be more effective in interacting with bilingual day care staff and parents.

The Specialists

The UBC multi-disciplinary team consists of the following members:

Special Educator - who works with children to foster cognitive and learning strategies, master concepts, explore the environment to acquire relevant information from it, and facilitates problem solving and coordinates the service and training team;

Occupational Therapist - who addresses the sensory and motor development needs of the child using movement activities and sensory stimulation to facilitate and integrate these developing body systems; and

Speech Therapist - who evaluates stages of the child's development and designs a program to stimulate and improve the semantic, morpho-syntatic, phonological and pragmatic aspect of the language.

Each team member is involved with assessment, direct interventions, training and technical assistance to parents and providers, ISP meetings and strategy sessions in accordance with his discipline.

Each specialist serves as a case manager to approximately twelve children, if full-time. A case manager's duties include:

1. Liaison between the teacher/provider and the implementation of the child's program.

   -Demonstrates to teachers/providers the necessary exercises, activities etc. to be implemented in the classroom.

   -Answers questions and problems of teachers concerning the child or ISP program.

-Attends monthly meetings with teachers about the child.

2. Liaison with the family.

-Orients parents to their responsibilities.

-Is the primary communicator with the parents concerning their child's program needs.

-Gives parents home activity ideas.

-Supports parents and answers any questions they may have.

-Refers parents to appropriate services if needed.

3. Manages child's care and records.

-Chairperson for ISP meetings and coordinates other meetings concerning the child's progress and needs.

-Keeps complete files on child. Maintains files updated, including keeping notes on meetings.

The case manager is chosen after the screening session and is based on the primary needs of the child and family.

Budget and Project Staffing Considerations

The list of duties and responsibilities of the Project Director described in the original grant was found to be difficult to accomplish by one person. It is recommended, from our experience, that two other positions be created from certain responsibilities of the Project Director. One position can be designed for fundraising to maintain the project. This position can

be on a part-time or consultant basis. Another possible position can be created to coordinate the training program. These added positions ensure a more in-depth and effective staff training component as well as a more fruitful fundraising endeavor.

Depending on your funding, you may find that your program will have to consider part-time as well as full-time staff. Arrangements can also be made so that certain services can be contracted out and delivered by other sources. You may find that you need to increase your staff to include specialists such as a psychologist, social worker and/or a physical therapist. The kinds and quantity of specialists will be based upon how many children are to be served and what are their needs.

Day Care Staff

If the program is to be carried out successfully, the day care staff must be committed to the program and they must understand their responsibilities.

The Administration

The day care administrator's role is primarily that of support to the program and the day care staff.

Administrators can reinforce their staff for their efforts, ensure the recommended program activities are being carried out in the classroom and support the meetings between case managers and teachers by supplying the classrooms with substitutes when needed. Again support and commitment from the administrative staff is crucial to the accomplishments of the program.

Day Care Teachers/Providers

Day care teachers/providers are a great deal more than just "baby sitters." They are professionals caring daily for the emotional/social, intellectual, motor and language development of children. Their responsibilities are that of ensuring a healthy and safe environment while nurturing positive self-images in the children. During their busy schedules they will be asked periodically to meet with the specialists and to incorporate certain program activities into their daily routine. There are ideal qualities for the teacher/providers whose classes or homes have been chosen to mainstream children with special needs. Some important qualities are as follows:

- Openness to learning and growing in their profession.
- Sensitivity to the needs of children.
- Patience, flexibility and a positive attitude.
- Ability to cooperate and interact with other

professionals.

By introducing a mainstreaming program into an already functioning day care program, your choice of appropriate teacher/providers may not be within your control. However do consider, when placing children with special needs in a day care classroom or provider's home, the above mentioned qualities. A teacher or provider that owns these positive traits will surely add to the success of that child's experience.

Conclusion

A mainstreaming program's accomplishment will depend on the commitment from all those implementing the program. An environment where cooperation and mutual support is fostered will greatly add to the program's effectiveness. Suitable coordination and quality communication channels are needed for effective team work. All individuals involved must have their roles and responsibilities clearly defined as well as a mutual understanding of the philosophy and program goals. These are necessary ingredients for the positive outcome of your program.

Chapter 4

Staff Development

Introduction

An important ingredient in a successful mainstreaming program is an effective training program. A multicultural/ bilingual mainstreaming program involves training and preparing a wide variety of individuals including both day care staff and program staff. The training plan must meet the needs of individuals with diverse skill levels, educational backgrounds, and language abilities.

This chapter will describe what should be considered in planning a training program and some problems and solutions encountered by the UBC program.

The Person Responsible for Training

During the initial development of the model program the Project Director was the one responsible for developing and coordinating the training component. In the first year the training was provided by special education consultants from an area university. The second and third year, much of the training was delivered by the Project Director and/or the specialists in the program.

In order that a training program such as this run smoothly, one should decide in the first stages of its

development who will be responsible for this component. This person will coordinate the assessment of the needs, design the content and organize the implementation of this training.

Those delivering workshops can be the day care personnel program staff with pertinent expertise on specific subjects. Consultants and outside speakers can also be attained from other sources available in your community. Professionals from universities, state and local agencies may offer these services.

It should be added that opportunities for your staff to attend workshops and seminars outside the day care site should also be available to them. This, too, can be organized by the individual responsible for the training component.

Assessment of Needs

In developing a program such as this, the initial step is that of finding out the day care staff's attitudes towards handicapping conditions, their feelings toward a program like this and their skill levels.

UBC assessed the day care staff needs by having

them fill out questionnaires and through group discussions. From the information gathered, we were able to discover their attitudes concerning children with special needs, and what skills we needed to work on to help prepare them for working in a mainstreaming environment.

It was found that many had minimum knowledge of handicapping conditions. There was a large number who felt that working with special needs children would entail too much of their time. Some also felt that they did not have the training necessary to work with children with special needs. For your convenience, an example of the attitudinal questionnaire used by UBC has been included in Appendix C.

Planning a Training Program

Again it is stressed that your goals for training should be clear. A training program should have as one of its goals that of dispelling fears, doubts and answering questions in order to shape positive attitudes. UBC also included in its goals that of clarifying roles and responsibilities of the staff towards the program. Another aspect of the training program is that of increasing the knowledge of the staff in terms of early childhood development and handicapping conditions. The staff also

needs practical ideas that they can use with the children. All these elements are taken into consideration when planning a training program.

The overall goal of training is that the teacher/provider attain knowledge and skills necessary for them to effectively carry the program into their classes or homes.

The following are suggested objectives of a mainstreaming staff training program. The staff will:

1. Develop positive attitudes towards the program.
2. Understand the purpose of the program.
3. Gain confidence in their abilities in working with children with disabilities.
4. Understand their role and responsibilities.
5. Learn specific skills and ideas that will aid them to best meet the needs of the children.

It is suggested that the staff have as many opportunities as possible to discuss their ideas and feelings and that on-going support is given.

In Appendix D, for your information, an example of the first year's syllabus is included. Other workshops were given including such topics such as: observation techniques, general child development, language and

motor skills and warning signs. These workshops were delivered by the specialists of the program.

Training Methods

The day care setting is a challenge for those delivering effective and appropriate training. Free time is not abundant for day care staff, therefore an assortment of methods must be considered in order to meet the variety of needs present.

Training sessions may be scheduled around the lunch hour of the staff or the rest periods of the children. These times seemed most appropriate for UBC. During these times large and small group discussions were implemented. Written materials, films, guest speakers, role playing and educational exercises were also used.

Pre- and post-testing

Staff were tested at the beginning of each unit of workshops and post-tested after completing the series of workshops. This enabled the presenters to evaluate the effectiveness of the training.

Individualized Training Needs

While training is most essential for successful mainstreaming, it is felt that the traditional methods, such as lectures and formal presentations which address group issues do not provide enough individualization to promote self-confidence for teacher/providers when dealing with children with special needs. The UBC refined its approach to training to include technical assistance and consultations which would provide more communication, feedback and support for the teacher/provider from the specialists. Also, a more realistic approach is needed which incorporates the milieu of the day care providers with the training needs of the UBC program. Since UBC's goal is to mainstream children with special needs into an existing day care program, it is equally important for UBC to mainstream its training program into the existing day care structures. Therefore, the following components became a part of a personalized training program:

- Personal consultations from the specialist to a teacher/provider takes place during the teacher's lunch period or the children's nap time when the teacher is free from the responsibilities of the children. Some topics discussed include, how to incorporate a child into the daily routines, suggestions on adapting classroom activities to meet the child's needs, and the handling of emergency situations as they arise.
- Monthly meetings between the specialists and the teacher/provider are arranged to discuss goals, developmental history, program implementation, etc.
- Case managers conduct a meeting which includes the

UBC specialists, program director, parent and teacher (approximately 3 times a year).

- The specialists conduct modeling sessions in the classroom as needed.
- ISP meetings are planned for each child with all the involved specialists and parents two times a year.
- Written progress notes are exchanged after each intervention session between the specialist and the teacher.

While these methods are suited to center based sites, they are also applicable for adaptation to family home situations and home based programs.

Keeping in mind that one of the goals of the UBC mainstreaming program is to place special needs children into existing day care programs, it became apparent that we must also mainstream UBC training the existing day care system if successful integration is to be accomplished.

We looked at the daily needs of day care providers. Day care staff works long hours for low wages and spends their day fulfilling the endless demands of small children. Also it is difficult for day care staff to leave their room for training sessions because the children cannot be left unattended. Therefore, this new approach for training was developed which addressed the teachers' needs on a personal basis as well as in group situations.

Issues to consider

For the mainstreaming program to work effectively there must be commitment from the staff (both teachers/providers and administrators). Fears and doubts must be dispelled. The staff should be well informed about the program, understand their roles and have positive attitudes toward the program. If these needs are not met, the program will find resistance from the beginning.

Needless to say, time is also an educator, and through positive experiences and an increase in knowledge, the staff will grow in confidence and acceptance. UBC met certain resistance initially, change is hard for some, but through positive interactions and success with the children, the staff gradually became more accepting towards the program.

Training for program staff

The needs of the program staff differ, of course, from the day care staff. An in-depth orientation and training concerning the day care needs, policies and philosophies are needed. Information about working parents, cultural differences should also be covered.

Scheduling therapies and meetings should be explained.

In addition, program staff should have the opportunity to attend workshops to increase their skills in their specialty.

Conclusion

Training is an important aspect of a mainstreaming program. Commitment from the staff will greatly affect its outcome.

You may find, as in the case of UBC (within Rosemount), that not until 6 months to a year into the program that both administration and teacher/providers began to truly accept the program. Their growth was not only due to the organized workshops, but due to their positive interactions with the children. Receiving more individualized training and support also helped them to gain confidence in their abilities.

In conclusion, when planning a training program consider these important steps:

1. Assess the needs of all your staff.
2. Develop goals and objectives for their training based on their needs.
3. Investigate and establish appropriate methods for

delivering the training based on their needs.

4. Design a means of evaluating the growth of the participants and the effectiveness of your training.

Remember to listen to your staff. They can best tell you what their needs are.

Chapter 5

Parent Program

Introduction

Parents of a multicultural/bilingual mainstreaming program have three major elements to be considered when planning a program for them. One is that they are working parents. Secondly, many of these parents are from different cultures and may speak little English. Thirdly, they may have diverse educational backgrounds. These are important features to consider in addition to the fact that they are parents of children with special needs. Because of their diverse needs, the parent services component must be flexible in its approach. The primary goal of the parent program is to help parents aid their children to grow to their fullest potential and to nurture their positive self-images. This goal asks the program staff to be sensitive to the changing moods of these families and to find creative ways of working with them.

This chapter will discuss the parent component and will include problems and solutions encountered by UBC and suggested methods for an effective parent program.

Parent Awareness

When a parent program is introduced into a regular

day care setting, it is normal for parents of non-handicapped children to ask how this will affect their child. It is therefore recommended that information concerning the program be shared with all the parents. Give the parents the opportunity to ask questions and to share their concerns. At the beginning of the project, UBC organized a group meeting where all parents of the Rosemount Center were invited. The Project Director led the meeting and the program staff were present to describe their roles and to answer any pertinent questions. The overall parent reaction was quite positive. There were specific questions as anticipated concerning fears and doubts. The two major questions were: will this program take the teacher's time away from my child; and will my child learn negative behaviors from the special needs child in his/her room? The team was prepared for these questions and was able to show the parents there was no need for concern. By describing clearly the program and how it would affect their child in a positive way, the staff cleared the path towards parental acceptance of the program.

Assessment of parental needs

Serving children with special needs requires assessing the needs of the parents as well. Assessments may

include informal discussions, structured interviews with a series of planned questions or questionnaires to be filled out by the parents. They may be carried out at the day care site, the parents' home or an agreed upon and appropriate meeting place.

You may want information concerning:

- Their understanding of their child's problem.
- Their acceptance of their child's problem.
- Their ideas on their child's future.

Other information may include their legal, health or housing needs.

When we are considering the needs of families in a setting such as Rosemount, the range is wide and a sensitivity to these differences is important.

Finding out what parents want should be performed periodically. In the case of UBC, the case manager, through mostly informal discussion, investigated those needs on an ongoing basis. If something appeared that the case manager could not meet, then she/he would refer the parent to appropriate services in the community.

It was found that with the majority of the families, that the questionnaires were not as effective as informal

discussions. Once trusting relationships had been developed, families were more open about their needs.

Parental Involvement

Program staff must realize that more often than not they are providing services for children of families who work outside their home. Most parents want to be involved in their child's progress. They want as much information on the growth and development of their children. However, families are different, and the degree of involvement will vary from one family to the other.

All opportunities for involvement should be available to them. Parents may wish to participate in classroom activities, help on field trips, observe in therapy sessions, and implement certain activities at home. All of the opportunities allow the parent to become active in their child's program. Again, it will depend on their expectations and time available.

Parent Workshops

A parent workshop is another opportunity where parents can receive valuable information on a wide variety of topics of interest to them as parents and

also have an opportunity to meet and interact with other parents. UBC parents were offered workshops delivered by Rosemount for all RC parents as well as workshops specific to special education. They were asked to fill out questionnaires in order to find out what topics were of interest to them. In Appendix E is an example of one of these questionnaires.

Individualized Training

Parents of UBC also receive personal training regarding their child's disability. UBC addresses these parent training goals in the following manner:

1. Specific information is given to the parents through meetings in which the case manager, the teacher and/or supervisor and specialists participate. Practical suggestions are given to reinforce the ISP goals at home along with recommendations to meet the child's special needs.
2. After each intervention session, notes are written in a notebook by the specialist in order to inform the parents of the child's progress. Parents are encouraged to exchange ideas and concerns about the services.
3. Individual consultations are available upon request by the parents or the specialists.

Working with Parents of Handicapped Children in a Day Care Setting

One of the challenges of the UBC model was to find

an effective and satisfying way to work with parents of handicapped children who were employed full time. In addition, the UBC parents were from diverse cultural and economic backgrounds, which increased the challenge. Both the UBC and Rosemount administrative staff agreed that many of the problems in this area over the first two years were due to the fact that there were unrealistic expectations of parents and UBC staff. UBC parents worked full time. The combined pressures of employment, parenting, and household responsibilities left most parents with little "extra" time for meetings and educational activities at home. Contact with parents at "drop-off" or "pick-up" was not an effective way to communicate with parents because those times did not always coincide with staff work hours, and if they did, parents were often tired or in a hurry.

In the second year, UBC made an effort to use the telephone more for communicating with parents and the case manager concept was instituted. The case manager served as the primary liaison between UBC and the family, and was able to figure out the most effective method of working with that particular family. These two changes were continued in the third year and proved to be a success. Log books were also used the third year so that parents and UBC staff could write to each other on

a daily basis if desired.

Feedback from parents the third year was generally positive in regard to communicating with UBC, but the parents did not all prefer the same type of communication. Some really used and appreciated the log books, but one parent was not even sure she had ever read the log book. Several parents wanted more formal meetings and others specifically liked the informal conversations in the hallways. This diverse feedback highlights the importance of the case manager who can get to know the parent(s) well and use the communication strategy that suits that family best. Rosemount staff emphasized the importance of using the teachers to facilitate communication with the parents because the teachers see the parents more often and may have a better rapport established.

Conclusion

As we can see, developing an effective parent component is a challenge when dealing with working parents from such diverse backgrounds. The primary focus to always keep in mind when developing such a program is the child and to decide what is the best approach to encourage the parents to meet the needs of their child while respecting their diverse needs as

well. The general goal for parents is to provide them with supportive and educational programs that will meet their individual needs.

Parents are a vital influence in their child's lives. Their cooperation and participation in their child's growth and development are necessary for their child's optimum success. They sometimes need guidance in setting realistic expectations for their child, support in choosing the best services and direction and assurance that they are doing the best they can in insuring a healthy growth in the child. For these reasons, an all encompassing parent program is vital to a successful mainstreaming program.

Chapter 6

Keeping the Program Going

Introduction

For a program to continue requires an on-going, effective evaluation process. This process insures that the program runs successfully through analyzing if the needs of staff, parents and children are being met appropriately. The reviewing of policies, procedures and services insures its effectiveness. Looking at problems and finding their solutions will affect positive changes that will improve the program. Another aspect of program continuation is the responsibility of on-going and adequate funding for the program. These two aspects will be the focus of this chapter.

Evaluation Plan

An evaluation plan is essential to the success of a program. It should include strategies for evaluating all components. The following describes the procedures developed by UBC to evaluate its program.

The evaluation process determines if the program goal of providing bilingual special education services for children with disabilities in day care is being met. Evaluations of the program are conducted both in-house and out-of-house.

Out-house evaluation

An outside professional evaluator was hired to determine:

- if the program was meeting the objectives as stated in the proposal;
- if the clients were receiving the services as described in the proposal;
- if teachers/providers were receiving the support services needed to maintain a child with disabilities in their day care program;
- if the ISP meetings were evaluating the goals set for each child; and
- if the program administration was sufficient to insure the attainment of program's objectives.

The evaluator had complete access to all program records and documentation. The methods used by the evaluator included document review, personal interviews and questionnaires. The outside evaluations were conducted at the end of each year. The plan was based on the original and continuing grant proposals, but focused on issues and problems which had surfaced over the three years of funding. Information was collected by questionnaires and via interviews with the following persons:

- o Director of Rosemount Center
- o Coordinator of Infant/Toddler Program at Rosemount Center
- o Coordinator of Preschool Program at Rosemount Center
- o Rosemount teachers

- o UBC staff (Director, Speech Therapist, Occupational Therapist, Infant Special Educator)
- o Staff at other centers
- o Parents of children in UBC

In-house evaluations

Members of the multi-disciplinary staff provided the in-house evaluations. Semi-annual evaluation guidelines were distributed for completion by each staff member. The team of specialists reviewed the status of the program in regard to the following objectives outlined in the proposal.

1. To assess how the staff complies with the goals of the program.
2. To gather data to plan for program improvements.
3. To identify areas that need improvement.
4. To set short and long term program goals.

Staff meetings were held to discuss the guidelines. The purpose of the evaluations were:

- to identify current problems
- to consider staff suggestions
- to propose new solutions
- to find some consensus
- to establish new practices and procedures

Also included in the in-house evaluation procedure were two other forms of evaluation.

1. The progress of each child was reviewed by the multi-disciplinary team, caregiver and parents at the semi-annual ISP meeting to determine if the goals set for each child were being met.
2. Program objectives were reviewed by the project director with specific attention to the attainment of the amount of services as specified in the program objectives.

UBC Evaluation Results

Through the 3 year evaluation of the program, UBC gained important information and insight that will aid you in planning such a program. The following summarizes the third year results.

Overview of services provided

During UBC's third year, twenty-seven children were evaluated, served, and had Individualized Service Plans (ISPs) in their files. Of these twenty-seven, seven had the services of one UBC specialist, thirteen were seen by two specialists, and seven were seen by three specialists. In addition, eleven children were observed at their day care center and an evaluation done. Of these eleven, three were placed on observation status and their development was monitored periodically. Observations and assessments

were carried out at various other centers as well as at the Rosemount Center.

Working and communicating with day care staff

One of the central questions about this model is whether day care staff and special educators can work together in the same setting to provide the needed care-giving and educational stimulation young handicapped children with working parents need.

By the end of the third year, UBC realized that when a special education program is housed in a day care center, the special educators must be prepared to work around the day care schedules of the children. In order for the day care center to function in an efficient manner and provide quality care to the children, routines are necessary. UBC had to learn how to fit the therapy into those routines. For example, mealtimes and nap times could not be disrupted without causing problems for children and staff. Also, field trips were special events that day care staff felt were important for all the children, even if it meant rearranging therapy for the UBC child.

The working relationship between UBC and the day

care staff improved over the three years of funding as the UBC staff learned more about day care and the day care staff learned more about special education. Unrealistic expectations and misunderstandings were greatly reduced when staff exchanged information about the UBC children on a more trusting level. It was important for the UBC staff to come to respect the routine and schedules of the day program.

Working with the parents

Working with the day care parents was somewhat frustrating for UBC because of the diversity of the parents, lack of parental involvement, and parents' conflicting priorities of work and family. With more experience in the multicultural day care setting the challenges were reduced. The team learned that the same communication strategy was not successful with all parents. The staff explored and discovered a variety of ways to improve the communication system. The case manager concept helped greatly to create a more personal and efficient means of relating to the parents.

Working in family day care homes and outreach to other day care centers

One of the desires of UBC was to expand the model

to family day care homes. This took place on a small scale during the second year, but was not really increased in the third year. The services that were provided were initiated by the family home providers themselves. Both UBC and Rosemount administrative staff agreed that services were badly needed in family day care homes. But lack of time and staff interfered with provision of services. Work in homes was more difficult to schedule because driving time was not required. Also, working in family day care homes required a different set of skills and planning than work in the centers. For example, home day care schedules were often less structured and it was not always possible to work with the "identified" child alone. Some felt that the UBC staff needed more information, and perhaps formal training, about family day care.

Another aim of the UBC program was to disseminate the UBC model by providing services in other day care centers. In UBC's third year, the staff offered services to several centers in the D.C. area. However, because of insufficient time, services were limited.

It was discovered that an increase in staff was necessary to effectively meet the needs of both family day care homes and other centers.

Staff training

The provision of training for day care providers on topics related to early childhood special education was a goal of UBC for all three years. UBC discovered that planning and conducting effective training sessions necessitated a great deal of time. In addition, the training needs of the day care staff at Rosemount, as well as those of family day care home providers and teachers at other centers, were very diverse. This diversity and the bilingual requirement made planning and conducting workshops a challenge.

It was felt that large workshops should be conducted to orient day care staff and provide general information. After that, many staff felt that formal and informal meetings and the opportunity for day care staff to observe UBC with the children would be the best way to train staff. Some teachers wanted more workshops, especially short sessions on specific topics. In summary, most agreed that UBC provided a lot of valuable informal training, even if formal workshops were limited.

Recommendations for replication programs

1. Careful interviewing of potential team members

should take place to insure that the special educators are familiar with day care services and have respect for these professionals. Team members should also have bilingual and multicultural backgrounds.

2. Day care and special education staff should receive a thorough orientation about each others' roles and responsibilities, and channels of communication should be carefully thought through ahead of time by all parties.

3. In light of the challenges of working with parents who are employed full time, the use of a case manager and/or parent coordinator is strongly recommended.

4. Training of day care staff may be most effectively carried out by conducting half hour mini workshops on specific topics during the afternoon nap time.

5. A parent meeting/orientation should be held for all parents at the day care center at the beginning of each school year to explain roles and responsibilities and clear up misunderstandings.

6. Outreach to a number of "satellite" day care centers may be most effective if at least one staff member could be based at each center for a considerable part of the week to facilitate communication with day care staff and children. Management and supervisory activities could be carried out at a central locations.

Program Accomplishments

While the grant was awarded to establish a "working model," many accomplishments were achieved in the process of developing the model. Among the accomplishments of the UBC program are:

- providing the only bilingual assessment and intervention team in day care for infants and children in D.C.;
- accommodating working parents who have children with disabilities by offering on-site treatments at the day care site for their children (36 families

have been served; 6 of these families for 3 years and 9 families for 2 years);

- meeting the needs of the underserviced Latino community by providing all services in Spanish and/or English;
- training day care providers on methods of incorporating children with disabilities into their day care programs (75 day care personnel have received training instruction);
- assisting parents in meeting the needs of their children with disabilities by providing information on the disability, suggesting methods to improve the child's performance, and exchanging written progress notes;
- successfully integrating a special education model component into a day care program;
- disseminating information about the UBC program to national and local groups for replication of the mainstreaming program;
- developing 3 manuals with 2 manuals translated into Spanish; 2 manuals for family home day care providers and 1 for day care administrators on replication of the program;
- providing transition assistance in placing bilingual children with special needs into appropriate new programs in public and private facilities; and
- providing special education services and training to day care centers and homes who could not afford these services by themselves but could benefit from the experiences of the UBC umbrella program.

Program Expansion

The experience gained through developing and implementing Rosemount's UBC program has clearly demonstrated that a more comprehensive service delivery system is needed to meet the needs of both children with disabilities

in day care and their working parents. Therefore, the long-term plan calls for the implementation of a comprehensive service delivery system that would add the following components to the direct services discussed in this manual.

- a behavior management component to provide services for children with socio-emotional delays;
- a family counselor to work directly with the families in stress and coordinate program services and community resources;
- a family home provider to recruit and maintain home providers to accept children with disabilities into their day care programs;
- a training coordinator to schedule and arrange training for various day care audiences and become the project manager of a professionally prepared training series of video training tapes; and
- an increase in the number of specialists in order to provide special education services to more day care homes in the metropolitan area.

Closing Remarks

The response to the services provided by the UBC program was overwhelming. Requests for bilingual assessments came from numerous institutions throughout the Washington, D.C. area. Direct intervention services were given at several sites, and there was always a waiting list for these services. Bilingual training was provided to day care staff, and the consultations with parents were provided on a continuing basis. The program was most

successful in identifying a need and providing a service program that fulfills the need.

Another major accomplishment was the successful integration of the clinical model (speech and occupational therapy) and the educational model (special educator) into the day care program. This required: specialists to subjugate their programs to fit into the day care schedule; working with day care staff who represent various educational levels as "partners" in helping the child; dealing with working parents, often in great stress, who do not view their child's disability as the family's top priority. It also required the already stressed day care staff to understand and accept the program and then learn and incorporate new skills into their classrooms.

We hope that through our experience others will benefit from this model program and adapt the model to suit the individual needs of their programs and clients.

Appendix A

List of Equipment Purchased for UBC Program

Therapeutic balls of various sizes
Exercise Mat
3-way (nonbreakable) mirror
Large bolster
Suspension equipment
Trampoline
Wading pool
Dollhouse with furniture
Dolls (families of various races & cultures)
Tape recorder and tapes
Record player (with records in both Spanish & English)
Books (in both Spanish and English) (representative of different cultures, races and depicting various disabilities)
Puzzles (for children from 2 to 5 years)
One-inch blocks
Beads of various sizes for stringing
Crayons, scissors, paper, play dough
Stacking (nesting toys)
Cause and effect toys (such as busy boxes, push toys and pop-ups)
Cars and trucks
Pegs and pegboards
Lacing boards
Toys that stimulate sequential skills
Tote bags

Assessment Tools

Bayley Scales of Infant Development
McCarthy Scales of Children's Abilities
Learning Achievement Profile (LAP)
Receptive Expressive Emergent Language (Reel)
Pre-School Language Scale

Appendix B

To Whom It May Concern:

I, _____, give permission for my child, _____, to be observed and screened by the UBC staff.

_____
Signature

_____
Date

Quien Interese:

Yo, _____, doy permiso para mi nino, _____, para que sea observado por el personal de UBC.

_____
Firma

_____
Fecha

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PRE-REGISTRATION FORM

1. Child's Name_____ Sex____ Birthdate_____

2. Others in the Home: Name, Relationship and Birthdate

   a. _____ c. _____

   b. _____ d. _____

3. Country of Birth _____

4. Parents or Guardian:

   Mother's Name _____ Home Phone _____

   Address _____

   Country of Birth _____

   Father's Name _____ Home Phone _____

   Address _____

   Country of Birth _____

5. Language spoken in home _____

6. Mother's Occupation _____ Work # _____ Hrs____

   Father's Occupation _____ Work # _____ Hrs____

   Mother's Income $_____ per yr. _____ mo. ____ 2 wk ____ wk

   Father's Income $_____ per yr. _____ mo. ____ 2 wk ____ wk

   Total yearly income $_____

   No. of Persons supported on this income _____

7. Has your child been in day care before? _____

   Where? _____

   If not, who cared for your child previously? _____

   Who is presently taking care of your child? _____

Preferred starting date _____

Signed _____ Date _____
Parent/Guardian

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Medical Information

1. Do you think your child hears well? ____yes ____no

   If no, describe _____

   Was hearing ever tested? ____yes ____no When? _____

   Results _____

   Ear infection? ____yes ____no If yes, how frequently?_____

   _____ Describe _____

2. Do you think your child sees well? ____yes ____no

   I no, describe _____

   _____

   Was vision ever tested? ____yes ____no

   If yes, where? _____ When? _____

   Results _____

3. Other Problems

   Has your child had a serious illness? ____yes ____no

   If yes, explain. _____

   Has your child been hospitalized? ____yes ____no

   If yes, how long? _____ At what age? _____

   Where? _____ Why? _____

   _____

   Allergies: ____Food ____Insects ____Medicines ____Hay Fever

   ____Asthma

   Are there any medications given regularly? ____yes ____no

   For what? _____

   What are the medications? _____

   Prescribed by whom? _____

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Description of child

1. Circle the words that best describe your child:

friendly	independent	shy	difficult to handle
cooperative	stubborn	withdrawn	resistant
enthusiastic	over active	bewildered	fearful
timid	angry easily	easily upset	very easy going

2. Feeding habits:

A. Does/Did your child breast feed? ____yes ____no
B. Does your child drink from a bottle? ____yes ____no
C. Does your child drink from a cup? ____yes ____no
D. Does your child eat table foods? ____yes ____no
If yes, with his fingers? ____yes ____no
Does he/she feed himself/herself with a spoon? ____yes ____no
E. Does your child use a pacifier? ____yes ____no
F. Does your family eat together? ____yes ____no
G. Does your child eat with the rest of the family? ____yes ____no

3. Sleeping habits:

A. What time does your child go to bed? _____ Awakes? _____

B. What is the bed time routine? _____

_____

C. Does your child take naps? ____yes ____no What hours?

_____

D. Does your child walk or cry out at nights? ____yes ____no

E. Does your child have nightmares? ____yes ____no

4. Activities:

A. What things does your child like to do? _____

_____

B. What things does your child do well? _____

_____

C. What things present the greatest difficulty for your child?

_____

_____

5. Do you have any special concerns about your child or is there anything else you would like the teachers to know about your child?

_____

_____

_____

_____

Developmental History

1. Pregnancy with this child: _____Normal ____Problems

   A. If problems, what kind:
   ___chronic disease ___virus infections
   ___poor nutrition ___toxemia
   ___vaginal bleeding ___trauma

   Other (describe) _____

   _____

   B. When? ___1st 3 mos. ___2nd 3 mos. ___3rd 3 mos.

2. Birth History

   A. Child's birth weight was: _____lbs _____oz.

   B. Labor was: ____under 3 hrs ___4-24 hrs ___over hrs.

   APGAR SCORES at 1 minute _____ at 5 min. _____

   Special Conditions: _____

   _____
   (i.e. caesarean, premature, breech)

   C. Special care: Oxygen (how long) _____
   Incubator (how long) _____

   D. Hospital Stay: Child_____ Mother_____

   E. Other comments on birth _____

3. Other Pregnancies: How many _____

   A. Problems ____yes ____no

   B. If yes: ___before this child ___after this child

   C. If problems, what kind: ___miscarriage ___trauma
   ___premature ___chronic disease
   ___stillborn ___poor nutrition
   ___toxemia ___virus infection
   ___vaginal bleeding

   Other (describe) _____

   _____

   D. When: ___1st 3 mos. ___2nd 3 mos. ___3rd 3 mos.

4. Any family history of significant medical difficulties? _____

   Specify: _____

   _____

   _____

5. Early life (first 6 mos. of life)

   A. As an infant, this baby was: _____ overactive ____ quiet

   _____cuddly _____did not like to be cuddled

   _____irritable _____quiet

   B. Sleep habits: ____ slept well ____hardly slept

   ____never napped ____slept restlessly.

   Sleeping schedule: _____

   C. Feeding: ____fussy eater ____ate well

   Feeding schedule: _____

   If feeding problems, describe. _____

   _____

6. Motor (birth to 18 months)

   A. When did your child begin to ___sit ___crawl ___walk?

   B. How would you describe your child's movements?

   ____smooth ____stiff ____floppy ____cautious

7. Language: When did your child begin _____vocalizations

   _____babbling _____first words (mama, papa) _____jargon

   _____begin putting words together (i.e. daddy, bye-bye, etc.)

   _____spoke mostly in 2-3 word sentences?

   A. Does your child prefer using gestures or words? ____yes ____no

B. Does your child understand when you talk to him/her? ____yes ____no

C. Does your child use more words than sounds? ____yes ____no

D. Can you understand your child's speech? ____yes ____no

E. Can other people understand your child's speech? ____yes ____no

8. Toilet habits (18 mos. to 4 years)

A. Is your child toilet trained? ____yes ____no
If yes, describe how your child is being toilet trained.

_____

B. What words does your child understand for going to the bathroom?

_____

C. Describe your child's bowel movements and urination. _____

_____

D. Does your child frequently have any of the following?

constipation diarrhea very little urination
very much urination irregular urination

9. Behavior

A. Is your child fearful of new situations or strangers?
____yes ____no

B. What happens when you leave your child with the baby sitter or other persons?

_____

C. Who does most of the disciplining? _____

D. What do you find is the best way of handling your child?

_____

E. In what situations do you discipline your child? _____

_____

10. Play

A. How does your child play with other children? Comments:

_____

___Has a lot of friends ___Prefers one or two others
___Prefers to play alone ___Plays mainly with siblings

B. Where does your child like to play? Comments:_____

___Prefers outdoor activities ___Prefers indoor activities
___Likes both equally

C. When your child plays: Comments:_____

___Needs someone present much of the time or gets into trouble
___Occupies self by finding and doing own activity
___Gets bored easily in any one activity
___Spends little time in any one activity
___Needs a lot of things to keep occupied

In quiet activities: Comments:_____

___Prefers to play cars, trucks (dolls) by self
___Likes quiet games if other children are involved

In outdoor activities: Comments:_____

___Prefers running, swinging, etc. by self
___Prefers playing with a group of children

11. Family

A. How does your child get along with siblings? _____

_____

B. Has your child ever been separated from the family? If so, list age, duration and reason.

_____

_____

C. How would you describe your family? _____

_____

D. Any recent major family stress such as death, illness, separation or accident?

_____

E. Date of marriage of child's parents _____ If applicable:

_____date of separation; _____date of divorce

F. Give support sources outside the family (relatives, friends)

_____

_____

G. Are any of your other children receiving special education services? If so, what kind? _____

H. Do you have any concerns about any of your children in school?

_____

I. Have you been given a diagnosis or reason for your child's delay? If so, what was it and who gave that diagnosis?

_____

_____

Parent Participation Agreement

The UBC team welcomes you and your child to our program. We are excited by this opportunity to provide your child with the special attention he/she needs early on in his/her development. Your participation is crucial to our success and we look forward to working with you on his/her behalf.

In order to assure the most productive use of our service, we've outlined below what you can expect from us as well as what we'll be needing from you. Please read this over and discuss it with your case manager, amending it as necessary.

What you can expect from us:

- the appointment of a case manager who will serve as your liaison to the team
- access to the team and what we know/observe/learn about your child
- flexible, advance notice of important meetings that require your participation
- helpful information on activities to do at home with your child and toys and equipment to work with
- frequent communication regarding your child's progress
- coordination of our work with your child with that of his/her regular teacher or Family Home Provider
- assistance in locating additional services/programs to meet your child's needs both while he/she is in our program and after they leave UBC (as needed)

What we need from you:

- questions about what we're doing and why we're doing it
- attendance and participation in IEP meetings and other important meetings and 24 hour notice if you cannot attend
- information on how your child is progressing at home and implementation of home activities recommended by your child's team
- adherence to program or family home policies on lateness and attendance
- assumption of responsibility for any UBC equipment loaned to you or the Family Home Provider caring for your child.

Please sign this agreement below after you have discussed it to your satisfaction with your case manager.

_____	_____
Parent's Signature	Case Manager's Signature
_____	_____
Date	Date

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Appendix C

Teacher Questionnaire

1. Have you ever worked with or known children with special needs before?

   ____ Yes ____ No

   Check the relationship which best describes where/how you know them:

   ___Working in day care ___Working in a public school

   ___Working in a preschool ___Neighborhood child

   ___Friend's child ___Family member

2. How many courses on handicapping conditions, mainstreaming, special education, etc. have you taken?

   _____

3. Please check how much time a child with special needs requires from a caregiver in comparison with a normal/typical child during the following activities:

	A lot more time	Somewhat more time	About the same time	Somewhat less time	A lot less time
Naptime	____	____	____	____	____
Toileting time	____	____	____	____	____
Outside playtime	____	____	____	____	____
Inside activity time	____	____	____	____	____
Holding time	____	____	____	____	____

Please check the phrase which best completes sentences 4 - 8.

4. In comparison to normal/typical children, children with special needs have _____ inappropriate behaviors.

   ___a lot more ___somewhat more ___about the same

   ___somewhat less ___a lot less

5. Normal/typical children learn negative behaviors _____ from children with special needs than from other normal/typical children.

___a lot more often ___somewhat more often ___about the same

___somewhat less often ___a lot less often

6. Making activities for children with special needs fit into the regular day is _____.

___a lot of extra work ___some extra work ___no extra work

7. In comparison to normal/typical children, in a day care center or family home for children with special needs requires _____

___a lot more structure ___somewhat more structure

___about the same amount of structure

___somewhat less structure ___a lot less structure

8. Play between children with special needs and normal/typical children occurs _____ than play between normal/typical children.

___a lot more often ___somewhat more often ___about the same

___somewhat less often ___a lot less often

For teaching staff and Family Home Provider staff ONLY:

9. Children with special needs require _____ work (more meetings, more reports, more contact with other professionals) than normal/typical children.

A lot more	Somewhat More	About the Same	Somewhat Less	Less
_____	_____	_____	_____	___

10. In general, working with parents of children with special needs is _____ than working with parents of normal/typical children.

A lot more different	Somewhat more	About the same	Somewhat easier	A lot easier
_____	_____	_____	_____	_____

11. Having a special educator or therapist in the classroom or the family home provider's home will be:

Very helpful _____ Somewhat helpful _____ Not helpful _____

12. Having a special educator or therapist in the classroom or family home provider home may be:

Very disruptive _____ Somewhat disruptive _____ Not disruptive _____

13. Working with children with special needs in your classroom/family home will _____ your skills as a day care provider.

Greatly increase _____ Somewhat increase _____ Have no effect on _____

14. Working with children with special needs in your classroom/family home will _____ your ability to get another job.

Greatly increase _____ Somewhat increase _____ Have no effect on _____

For teaching staff ONLY:

15. Taking children with special needs in and out of the classroom will be _____

Very disruptive _____ Somewhat disruptive _____ Not disruptive _____

16. Please write any additional comments:

_____

_____

_____

_____

TRAINING SESSIONS FOR DAY CARE STAFF

Session I

What is a Handicap?

I. Continuum of Handicaps.

II. The Child: Delineating Normal Development
Identifying Developmental Differences

A. What is normal development. Looking at the bell shape curve in relation to intelligence.

B. The degree of limitations as having impact on the handicapping condition

C. The categories of handicapping conditions.

Session II

Discussion of Above Topic

Using examples from children at the day care center, the leader focused on components of normal development: uneven development, individual strengths and weaknesses, cultural differences, stage theory of development.

Session III

Overview and Causes of Handicapping Conditions.

I. Causes of Handicapping Conditions

A. Prenatal Causes

B. Perinatal Causes

C. Postnatal Causes

II. Overview of specific handicapping conditions which result because of complications during these three periods.

Session IV

Discussion of Above Topic

Reviewed definitions of terms made at the previous session. Reviewed points in: "The Risks of Predictions: Relationships

Between Etiology, Handicapping Conditions and Developmental Outcomes," by Samuel Miesels and Nicholas J. Anastasian in The Young Child, Review of Research, Vol. 3, N.A.E.Y.C., Washington, D.C. 1982.

The discussion also included specific children's birth history, postnatal period and outcome up to the present. The discussion ended with the importance of early intervention.

Session V

Classroom Intervention

I. What the best ways are for UBC to work with the teaching staff inside the classroom.

   A. Responsibilities of UBC team to classroom teaching staff.

   B. Responsibilities of classroom teaching staff to UBC.

II. Specific agreed upon procedures for each group to follow.

Session VI and Session VII

The Magic Years: Development and behavior and its impact on teaching in the classroom.

I. General infant and toddler emotional and social development - focusing on the two year old.

II. The importance of individual's temperament and differences.

III. Child's development of the ego and self-control and how the teacher can provide appropriate discipline.

Session VIII

Mainstreaming Benefits and Problems

I. General review of U.S. historical treatment of children with disabilities.

II. How and why PL 94-142 was written and passed.

III. Main components of PL 94-142 - least restrictive environment, due process and IEP.

IV. The effect of the law: problems and benefits of mainstreaming.

Session IX

The Role of the Special Education Team in the Classroom.

Discussion on how well the UBC team was working in the classroom. The focus was on communication between staffs and understanding and implementing the IEP.

Session X

The Role of the Special Education Team in the Classroom (continued)

Discussion was on who determined eligibility; which children had access to UBC; referral process (in-house) to UBC; and the parameters in which UBC team members can be used by classroom teachers.

Session XI

The Parent-Professional Partnership

I. The importance of the parent-professional partnership within the day care setting.

II. Stages of separation child passes through when separated from the parent.

III. Parents' feelings when they leave their child at day care.

IV. The importance of understanding and working with subsystems in the Family Day Care Center.

Session XII

Hispanic Parent of a Handicapped Child Talks About her Experience

I. What professionals expect of parents

II. What parents expect of professionals

III. Stages parents go through when having a child with a disability

IV. Conflicting feelings felt by many parents

V. Cultural views of Hispanics toward child rearing and handicapping conditions.

All sessions were one and one-half hour and were done in Spanish and English. Half the sessions were done by the Department of Special Education of George Washington University.

Appendix D

Family Questionnaire

We are planning a series of workshops for parents of children in our program. In order to find out what topics would be of interest to you, we have developed this questionnaire. Below you will find a number of questions that will aid us in planning these workshops.

A. For the following questions, please circle yes or no and add any comments you may have.

1. Do you have any questions about the special activities your child receives in the classroom, in the resource room, in your home, or/and in the Family Provider's home?

   YES NO COMMENTS:

2. Do you want more information about the tests and measurements done on your child (i.e., reason for testing, results of testing and how the tests affect your child)?

   YES NO COMMENTS:

3. Would you like to have the opportunity to discuss concerns about how your child relates to the family?

   YES NO COMMENTS:

4. Would you like to discuss your child's future?

   YES NO COMMENTS:

B. Which of the following areas would be of interest to you in terms of working with your child at home? Check yes or no to the following questions:

	YES	NO	COMMENTS
Self-help skills			
Eating skills			
Toileting			
Hygiene			
Motor skills			
Language skills			
Social Development			
Behavior (discipline)			
Nutrition			

C. The following are an example of possible topics for future workshops. Please check those that would be of interest to you.

___Child Development Workshop
Discussion of child development from birth to age five.
Recognizing differences in rates of development.
Sharing suggestions.
Demonstration of activities to stimulate development.

___Behavior Management Workshop
Discussion of child's positive behaviors and hints for increasing the occurrence of these behaviors.
Negative behaviors - when do they happen?
Ways of preventing misbehavior.
Looking at behavior and plans for changing behavior.

___Toileting
Ideas about techniques that work.

___Nutrition
Ideas for healthy nutrition for children.
Negative foods and healthy alternatives.

___Play and Toy Workshop
Use of toys to encourage play.
Toys, discussion according to areas of development that each toy stimulates.
Display of toys and an example of similar homemade toys.

___Handicapping Conditions - Importance of Early Intervention
Developmental delays: visual, motor, speech, etc.
Various stimulation activities.

___Speech and Language Development
Communicating with the environment through language
Language as related to learning
Delays in language development
Problems of articulation in children
Bilingualism
Practical suggestions for encouraging language production at home

D. 1. For these workshops would you be willing to provide transportation?

YES NO COMMENTS:

2. Provide home for workshop?

YES NO COMMENTS:

If you have any other comments or questions not mentioned in this questionnaire, please add them here.

Thank you.